

Candidate
Annual Report of Receipts and Disbursements
2009

RECEIVED

FEB 02 2010

Secretary of State
Capitol Office
DATE STAMP

Candidate's Name Willie L. Bailey

Full Address 902 Fairview St., Greenville

Telephone (662) 335-1966 Fax (662) 335-1969

Contact Name Willie L. Bailey Email leebailey@suddenlinkmail.com

Office Sought State Rep. Political Party Democrat

☐ Check here if above is different from previous report

TYPE OF REPORT

X January 29, 2010 Annual Report (January 1, 2009, through December 31, 2009).....All Candidates and Political Committees

Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 4,700 + \$	\$ 4,700.00	\$ 4,700.00
Total amount of disbursements	\$ 3,604 + \$	\$ 1,096.00	\$ 4,700.00
Total amount of cash on hand		\$ 0	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Candidate

Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO:

1. Candidates for statewide, state district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee _____

Reporting period _____ through _____

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Q C Holdings, INC.</u>		<u>4 / 28 / 09</u>	\$ 250.00
Mailing Address <u>9401 Indian Creek Pkwy</u>		<u> / / </u>	\$
City, State, Zip Code <u>Overland Park, KS 66210</u>		<u> / / </u>	\$
Name of Employer (Required)		<u> / / </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ 250.00
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Wyeth</u>		<u>6 / 3 / 09</u>	\$ 250.00
Mailing Address <u>Five Giralda Farms</u>		<u> / / </u>	\$
City, State, Zip Code <u>Madison, NJ 07940</u>		<u> / / </u>	\$
Name of Employer (Required)		<u> / / </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ 250.00
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Anheuser Busch</u>		<u>5 / 21 / 09</u>	\$ 500.00
Mailing Address <u>One Busch Place</u>		<u> / / </u>	\$
City, State, Zip Code <u>St. Louis, MO 63118-1852</u>		<u> / / </u>	\$
Name of Employer (Required)		<u> / / </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ 500.00
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Entertainment Software Assn.</u>		<u>9 / 21 / 09</u>	\$ 500.00
Mailing Address <u>575 7th Street, NW</u>		<u> / / </u>	\$
City, State, Zip Code <u>Washington, DC 20004</u>		<u> / / </u>	\$
Name of Employer (Required)		<u> / / </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ 500.00

Name of Candidate or Committee _____

Reporting period _____ through _____

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name A T & T PAC		9 / 21 / 09	\$ 500.00
Mailing Address 175 Est Capitol St.		__ / __ / __	\$
City, State, Zip Code Jackson, MS 39201		__ / __ / __	\$
Name of Employer (Required)		__ / __ / __	\$
Occupation (Required)		Aggregate year-to-date	\$ 500.00
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Altria		11 / 3 / 09	\$ 500.00
Mailing Address 233 N. Pointe Center E		__ / __ / __	\$
City, State, Zip Code Alpharetta, GA 30022		__ / __ / __	\$
Name of Employer (Required)		__ / __ / __	\$
Occupation (Required)		Aggregate year-to-date	\$ 500.00
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Miss Bank PAC		11 / 4 / 09	\$ 1,000.00
Mailing Address P. O. Box 1091		__ / __ / __	\$
City, State, Zip Code Jackson, MS 39215		__ / __ / __	\$
Name of Employer (Required)		__ / __ / __	\$
Occupation (Required)		Aggregate year-to-date	\$ 1,000.00
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Reynolds American		11 / 5 / 09	\$ 300.00
Mailing Address P. O. Box 1091		__ / __ / __	\$
City, State, Zip Code Winston-Salem, NC 27102		__ / __ / __	\$
Name of Employer (Required)		__ / __ / __	\$
Occupation (Required)		Aggregate year-to-date	\$ 300.00

Name of Candidate or Committee _____

Reporting period _____ through _____

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Mississippi Power</u>		<u>12 / 17 / 09</u>	\$ 400.00
Mailing Address <u>P. O. Box 4079</u>		<u> / / </u>	\$
City, State, Zip Code <u>Gulfport, MS 39502</u>		<u> / / </u>	\$
Name of Employer (Required)		<u> / / </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ 400.00
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Committee For Clean Environment</u>		<u>12 / 7 / 09</u>	\$ 500.00
Mailing Address <u>3000 N. State Street</u>		<u> / / </u>	\$
City, State, Zip Code <u>Jackson, MS 39216</u>		<u> / / </u>	\$
Name of Employer (Required)		<u> / / </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ 500.00
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each recelpt this period
Full name		<u> / / </u>	\$
Mailing Address		<u> / / </u>	\$
City, State, Zip Code		<u> / / </u>	\$
Name of Employer (Required)		<u> / / </u>	\$
Occupation (Required)		Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each recelpt this period
Full name		<u> / / </u>	\$
Mailing Address		<u> / / </u>	\$
City, State, Zip Code		<u> / / </u>	\$
Name of Employer (Required)		<u> / / </u>	\$
Occupation (Required)		Aggregate year-to-date	\$

Name of Candidate or Committee _____

Reporting period _____ through _____

ITEMIZED DISBURSEMENTS

A. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Sterling Towers		___/___/___	\$ 2,850.00
Mailing Address		___/___/___	\$
170 E. Griffith St.		___/___/___	\$
City, State, Zip Code		___/___/___	\$
Jackson, MS		___/___/___	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 2,850.00
Apartment rent (out-of-session)			
B. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Comcast Cable		___/___/___	\$ 434.00
Mailing Address		___/___/___	\$
City, State, Zip Code		___/___/___	\$
Atlanta, GA		___/___/___	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 434.00
Cable services			
C. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Entergy		___/___/___	\$ 320.00
Mailing Address		___/___/___	\$
City, State, Zip Code		___/___/___	\$
Dallas, TX		___/___/___	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 320.00
utilities			
D. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		___/___/___	\$
City, State, Zip Code		___/___/___	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
E. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		___/___/___	\$
City, State, Zip Code		___/___/___	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
F. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		___/___/___	\$
City, State, Zip Code		___/___/___	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$